



THE KHIE CONNECTION

Volume 1, Issue 6

April 2014

Welcome to the Kentucky Health Information
Exchange Newsletter!



Special Points of Interest

As of April 18, 2014:

⇒KHIE has 565 signed participation agreements (representing 1,898 locations)

⇒A total of 801 [provider locations](#) are submitting [live data](#) and exchanging information (see Page 5 for more details)

⇒80% of hospitals in KY are live on KHIE

⇒Over \$163, 000,000 has been paid to Medicaid hospitals and providers in KY, through the KY Medicaid EHR Incentive Program. Over \$153,000,000 has been paid to Medicare hospitals in KY through the EHR Incentive Program

⇒KHIE is averaging over 100,000 queries per week

Governor Steve Beshear issued an Executive Order in August 2009, establishing the Governor's Office of Electronic Health Information in the Cabinet for Health and Family Services to oversee the advancement of health information exchange in Kentucky.

KHIE continues to build its robust health information exchange and allows providers to access the right information at the right time in order to make the right decisions. KHIE also facilitates providers in meeting several objectives of Stages 1 and 2 of the Meaningful Use EHR Incentive Program. Overall, the KHIE works to fulfill the three-part aim: better care, lower costs, improved public health.

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Did You Know?

KHIE is offering Direct secure messaging and a Health Information Service Provider (HISP) to providers across the Commonwealth to facilitate the transitions of care objective in Meaningful Use Stage 2? To learn more about how KHIE can help facilitate meeting this objective, please refer to page 4.

A MESSAGE FROM THE STATE HEALTH IT COORDINATOR **POLLY MULLINS-BENTLEY**



Greetings and Happy Easter from the KY Governor's Office of Electronic Health Information! This month I want to spend some time discussing one of the most pressing and challenging objectives within Stage 2 Meaningful Use. If you have not already discerned, I'm referring to the ever popular transitions of care or summary of care objective. I would like to use this issue to discuss how KHIE can help facilitate this objective, outline steps that you can take now and discuss questions to ask your vendor while identifying barriers that exist.

One of the most important steps that you can take now is to gather and identify your referral partners and determine who will allow you to meet Measure 2 of the objective: "electronically send a summary of care record/document for 10% of your referrals or transitions of care." We recognize the way vendors address this measure varies significantly, making it important to begin gathering your referral patterns early and begin inquiring about how your vendor can help facilitate this objective. In order to send summary of care records electronically to different organizations and distinct vendors, you must use a secure and accredited network or a Health Information Service Provider (HISP) and Direct Secure Messaging (DSM). KHIE is currently operating as a HISP to help providers that are not offered this technology from their vendor. The functionality for DSM is required within the 2014 2014 certified EHR technology. Additionally, KHIE is offering a DSM web-portal for the "receiving" end providers that are among your referral partners whom may not have 2014 certified EHR technology, e.g., long-term care facilities, nursing homes, health departments, etc. If your vendor does not offer a HISP, you must either work with KHIE to connect your EHR to our HISP, or begin working with another accredited HISP. Participation agreements and addendums must be signed for this service in order to connect to KHIE's HISP. It is crucial to begin thinking about this objective now in order to meet Stage 2 Meaningful Use.

As I stated above, there are limitations currently and we at KHIE are acutely aware of such limitations. Technological limitations include but are not limited to: defining a transition of care, standardizing a national healthcare provider directory and acknowledging the summary of care has been received. However, we recognize that barriers do exist beyond the technology. Understanding the importance of building a community of care whom can receive and send secure messages is key to successfully meeting to this objective. There are several elements that must be in place to ensure the transition of care occurs effectively, thus, it is crucial to begin discussing these items now with your team and your EHR vendor. If you are interested in KHIE's HISP please contact your outreach coordinator as soon as possible. For more detailed information on transitions of care, please refer to page 4. I look forward to working with you in the future and helping facilitate your journey to Meaningful Use!

Sincerely,

Polly

Polly Mullins-Bentley, RN, RHIT, CPHQ

KENTUCKY MEDICAID EHR INCENTIVE PROGRAM

POINTERS OF THE MONTH

REMINDERS:

- Beginning April 1, 2014, Adopt, Implement, or Upgrade and Meaningful Use attestations for Program Year 2014 can be submitted.
- Any eligible professional (EP) who chooses to reassign payments to any NPI other than their individual NPI, must upload documentation to the attestation in the form of a signed agreement indicating they permit their monies to be reassigned. The agreement shall be on the entity's clinic or group letterhead, renewed each payment year and to include all information below:
 - ⇒ Name of eligible professional (EP) participating in the incentive program
 - ⇒ NPI of the EP participating in the incentive program
 - ⇒ Program Year and Payment Year EP agrees to reassign incentive monies
 - ⇒ Name of clinic or group payment will be reassigned to
 - ⇒ NPI of clinic or group that payment will be reassigned to
 - ⇒ TIN of entity that payment is to be reassigned to
 - ⇒ Signed and dated by EP
 - ⇒ Signed and dated by authorized representative of entity receiving incentive payments on behalf of the EP
- To be eligible for the EHR incentive program, all eligible providers and hospitals must have EHR technology certified to the 2014 EHR certification criteria to meet Meaningful Use.
- Eligible providers should review the attestation guidance documents located on the EHR website for Stage 1 and Stage 2. These guides outline the processes to be completed prior to submitting your attestation for the EHR incentive program.
- All eligible providers and hospitals who attest to Stage 1 or Stage 2 must have a signed Participation Agreement as well as all applicable addendums with the KHIE. Providers will also need to upload their Meaningful Use Confirmation for or Go-Live form from the KHIE.

CONTACT US:

- For the most up-to-date information and additional resources, please visit the KY Medicaid EHR Incentive website at <http://chfs.ky.gov/dms/EHR.htm>.

TRANSITIONS OF CARE

What is Transitions of Care (ToC)?

The movement of a patient from one setting of care to another.

What is the Objective?

The eligible hospital, eligible provider or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary of care record for each transition of care.

How is it Measured?

Measure 1: Provide a summary of care record for more than 50% of transitions of care and referrals.

Measure 2: Electronically submit a summary of care record for more than 10% of such transitions and referrals via CEHRT or an eHealth Exchange participant.

Measure 3: Either conduct an electronic exchange of a summary of care document with a distinct EHR designed by a different EHR technology developer or conduct one or more successful tests with a CMS designated EHR during the reporting period.

Why is ToC Challenging?

MU is no longer just about you and your EHR, you need to be able to exchange summary of care records with facilities in your referral community. Building a community of care will allow you to send your summary of care records to providers in your referral pattern and providers will also be able to send their summary of care records to you.

Why is this Objective Complicated?

When your referral partners are not ready for MU Stage 2, are not participating in MU, do not have 2014 certified EHR technology and do not have an EHR.

What is the Technology Needed?

You must use 2014 certified EHR technology (CEHRT) with Direct secure messaging capabilities, and must be connected to a health information service provider (HISP). Direct is a secure way to send PHI to trusted providers over the internet.

How can I Meet Measure 2?

At a minimum, your 2014 CEHRT gives you the ability to generate a summary of care record and package

the record for delivery via Direct. What you may not get is the ability to transmit a record to your referral partner. To do this, you must use a HISP. HISPs allow you to send Direct messages to providers outside of your organization.

Routing Direct Messages, Who Does What?

Your EHR is responsible for routing the message to specific users at your organization, while the HISP routes the message to the organization.

Where do I get a HISP?

Some EHR vendors include a HISP, while others do not. KHIE is a HISP and can be used to achieve ToC. You can also sign up with a vendor who is offering HISP services. If you choose to use KHIE's HISP, you must sign a Participation agreement, Direct addendum, and go through the KHIE onboarding process to establish connectivity between your EHR and KHIE's HISP. If your referral partner does not have CEHRT, they can sign up for KHIE's Direct secure web-portal.

KHIE's Role in Transitions of Care

If your vendor does not offer a HISP, KHIE will work with you to establish connectivity. Because KHIE's HISP is Direct Trust accredited, messages can flow freely with other Direct Trust accredited HISPs without additional agreements.

Your Vendor's Role in Transitions of Care

Your vendor is responsible for mailbox management, routing the Direct message to the user and integrating the Direct technology into your EHR and workflow.

Strategies to Fulfill Transitions of Care

KHIE recommends identifying the select few referral partners that will help you achieve your 10% threshold. Contact your referral partners now to notify them of your timeline and need for them to be able to receive Direct secure messages. If they have an EHR, verify they are using 2014 certified software and are connected to a Direct Trust accredited HISP. If they don't have an EHR, KHIE has a web-portal for providers to communicate.

Preparation is Crucial! Achieving this objective requires significant effort and coordination among your referral partners, your EHR vendor, KHIE and your HISP. If you are interested in KHIE's HISP, contact your regional outreach coordinator.

NEW LIVE CONNECTIONS

STATEWIDE HEALTH INFORMATION

EXCHANGE

The KHIE continues to build its robust health information exchange and currently has a total of 801 provider locations submitting live data and actively exchanging information. To see KHIE's footprint across the Commonwealth, please see the map below.

NEW LIVE CONNECTIONS FOR THE MONTH OF APRIL

The following providers have made new live connections with KHIE for the month of April, representing 5 locations:

- Family Practice Care, LLC: Caldwell County
- Freeman Family Practice, LLC: Knox County
- Fulkerson, Gay MD, PSC: Grayson County
- Greater Louisville Internal Medicine, PSC: Jefferson County
- Hardin Professional Services, LLC: Hardin County

VIRTUAL HEALTH RECORD (VHR) TRAINING

KHIE'S Community Record, the Virtual Health Record (VHR), is a comprehensive electronic health record that is available using a secure browser. KHIE's Outreach team have completed the following VHR trainings for the month of April:


- Green River District Health Department

LOCAL HEALTH DEPARTMENT VHR DEMO

KHIE is working diligently to provide the LHDs with access to the KHIE community portal. The following local health departments have completed VHR demos:

- Ashland-Boyd County
- Barren River District
- Floyd County
- Green River District
- Gateway District
- Greenup County
- Hopkins County
- Kentucky River District
- Lawrence County
- Lexington-Fayette County
- Louisville Metro
- Northern Kentucky Independent District
- Pike County
- Purchase District
- WEDCO District



Connect with KHIE

Offering a safe and secure connection for the exchange of electronic health data .

[Learn More](#)



EHR Incentive Program

Eligible providers and hospitals may qualify for monetary incentives.

[Learn More](#)



Meaningful Use

Learn more about how KHIE can support your Meaningful Use efforts.

[Learn More](#)



News and Resources

Read recent press releases, view a provider map and more.

[Learn More](#)

Hot Topics

[Previous](#) [Next](#) [Browse All](#)

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[New Meaningful Use Timeline](#)

Tuesday, December 10, 2013
Dear Valued Client, The Centers for Medicare and Medicaid Services and the Office of Nati...

2013 eHealth Summit

The 2013 eHealth Summit was held Sept. 17, 2013 at the Sloan Convention Center, Holiday Inn University Plaza, Bowling Green, KY.

[Read all about it.](#)

KHIE History

Gov. Steve Beshear issued an executive order in August 2009, establishing the Governor's Office of Electronic Health Information in the Cabinet for Health and Family Services to oversee the advancement of health information exchange in Kentucky. [Read more about the history of the Kentucky Health Information Exchange.](#)

Connected Providers



[Select a county from the map to find out who is connected.](#)

Contact Us

Are you a health care provider, hospital or other organization ready to connect to KHIE? Do you have questions, comments or need more information about the program? [Fill out this form to contact KHIE.](#)

About and Resources

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